

## TOWN OF ARLINGTON



### MARIJUANA ESTABLISHMENT HOST COMMUNITY AGREEMENT (HCA) LICENSE APPLICATION

*\*\*\*Notice: The following application is for the limited purpose of vetting individuals and businesses seeking a Host Community Agreement with the Town of Arlington. Applicants are encouraged to read the Select Board's "Host Community Agreement Process & Criteria" for a full articulation of the HCA Selection Process in Arlington.\*\*\**

#### **Section 1. Applicant Information:**

Business Legal Name: \_\_\_\_\_

Business DBA, if different: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Employer Identification Number (EIN): \_\_\_\_\_

Does the business currently possess any type of marijuana license in the Town of Arlington? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

Does the business currently possess any type of marijuana license in the Commonwealth? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

*(please note, subsidiary companies must identify any and all marijuana licenses held by parent companies/corporations in Massachusetts)*

Primary Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If you would like mail sent to a different Address, provide alternate mailing information below:

Mailing Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### **A. Business Organization**

*Check only one and provide names as indicated:*

☐ **Sole Proprietor:** Name of Owner: \_\_\_\_\_

☐ **Partnership (Inc. LLP):** Name of Partnership: \_\_\_\_\_

Names of all Partners Who Own More Than 10%: \_\_\_\_\_

\_\_\_\_\_

☐ **Trust:** Name of Trust: \_\_\_\_\_

Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

\_\_\_\_\_

☐ **Corporation (as registered):** \_\_\_\_\_

Name of President: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_ Name of Treasurer: \_\_\_\_\_

☐ **LLC:** Name of LLC: \_\_\_\_\_

Name of All Managers Who Own More Than 10%: \_\_\_\_\_

\_\_\_\_\_

☐ **Other:** (Attach a Description of the Form of Ownership and the Names of Owners)

## **B. Proposed Marijuana Establishment**

- ☐ Adult-Use Marijuana Retailer
- ☐ Registered Marijuana Dispensary/Medical Marijuana Treatment Center
- ☐ Co-Located Adult-Use/Medical Marijuana Retailer
- ☐ Marijuana Cultivator
- ☐ Craft Marijuana Cooperative
- ☐ Marijuana Product Manufacturer
- ☐ Independent Testing Laboratory
- ☐ Marijuana Research Facility

## Section 2. Priority Status:

### *For Marijuana Retailers Only*

- ☐ **Group A Priority.** Attach proof that the applicant is 1) an Economic Empowerment Applicant, 2) is owned by an Arlington resident(s) or entities with at least 50% of its ownership made up of Arlington residents, or 3) is a cooperatively-owned entity.

An Economic Empowerment Applicant is one who meets ***at least three (3)*** of the following criteria:

- (1) A majority of ownership belongs to people who have lived for 5 of the preceding 10 years in an area of disproportionate impact, as determined by the MA CCC;
- (2) A majority of ownership has held one or more previous positions where the primary population served were disproportionately impacted, or where primary responsibilities included economic education , resource provision or empowerment to disproportionately impacted individuals or communities;
- (3) At least 51% of employees or subcontractors reside in areas of disproportionate impact and by the first business day, the ratio will meet or exceed 75%;
- (4) At least 51% of the employees or subcontractors have drug-related CORI and are otherwise legally employable in cannabis enterprises;
- (5) A majority of ownership is made up of individuals of Black, African American, Hispanic or Latino descent;
- (6) Other significant articulable demonstration of past experience in or business practices that promote economic empowerment in area of disproportionate impact.

- ☐ **Group B Priority.** Attach proof that your company is a Registered Marijuana Dispensary currently operating in Arlington that will continue selling medicinal products.

- ☐ **No Priority.** All applicants who are not Group A or B should check here.

### Section 3. Operating Questionnaire

*The following questions provide applicants an opportunity to respond to the qualitative criteria established by the Select Board for considering applications, which are as follows:*

- a. Completeness and quality of application;
- b. Demonstrated direct experience in the cannabis industry or a similar industry, such sensitive retail and related commercial uses – package stores, establishments with other types of alcohol licenses or age-restricted products;
- c. Relevant business experience in Arlington;
- d. Relevant business experience in the Commonwealth of Massachusetts;
- e. A sound preliminary business plan which evidences applicants’ financial resources, proposed scale of operation, inventory sources and plans for inventory management, as well as anticipated costs and revenues;
- f. A strong employee training process and plan to ensure regulatory compliance;
- g. A sound preliminary security plan including inventory security;
- h. A sound preliminary traffic and parking plan demonstrating basic feasibility of the site and/or intended traffic and parking mitigation measures;
- i. For adult-use applicants, intention to co-locate RMD operations to ensure access to Arlington medical marijuana patients;
- j. Commitment to youth safety, abuse prevention, and community education;
- k. Commitment to diversity and local hiring; and
- l. Maintenance of geographic balance in the distribution of marijuana establishments.

*Applicants are encouraged to provide specific information which speaks to each criterion/question. You may respond with separate attached documents as directed and needed.*

1. Describe your direct experience in the cannabis industry or a similar industry (such as sensitive commercial retail enterprises such as package stores, nicotine products, etc.)

---

---

---

---

2. Describe your business experience in Arlington if any.

---

---

---

---

3. Describe your experience operating a business within the Commonwealth of Massachusetts.

---

---

---

---

4. Provide a preliminary business plan<sup>1</sup> with particular attention to your proposed scale of retail operation, inventory sources, products to be sold, plan for inventory management, financial resources, marketing expectations, and anticipated costs and revenues (*please attach your full preliminary plan*).

5. Describe your employee training process and plan to ensure regulatory compliance. If available, provide copies of any employee training manuals or policies to employ or plan to employ.

---

---

---

---

---

<sup>1</sup> Preliminary business, security, and traffic and parking plans need not provide the level of detail subsequent permitting processes will require such as a traffic study or all documents and information required by the Cannabis Control Commission for state licensure. The Select Board should however understand your basic business model and plans for addressing reasonable concerns about parking, security, and management of the flow of anticipated activity at your proposed location.

6. Provide a preliminary security plan identifying your priority security concerns and any site-specific security issues and proposed means of addressing them (please attach your full preliminary plan).
7. Provide a preliminary traffic and parking plan demonstrating basic feasibility of the site and/or intended traffic and parking mitigation strategies (please attach your full preliminary plan).
8. Describe how you will prevent and educate youth and families about dangers of underage exposure to, and the consumption of, recreational marijuana. Describe how the Applicant will sustain these efforts over time.

---

---

---

---

9. Describe how you will inform customers about restrictions on public consumption and workplace use, the risk of second hand smoke, and dangers of operating a motor vehicle while impaired.

---

---

---

---

10. Describe the number and type of jobs expected to be created by your business in Arlington, and how you will attract a local workforce that is also reflects Arlington's commitment to diversity.

---

---

---

---

11. Describe how your business will support the unique character of your site location's neighborhood, as well as the Town's overall character, history, and culture.

---

---

---

---

Responsive applicants shall also be invited to make a 20 minute presentation to the Select Board after all applications have been received and examined by a Preliminary Review Team. In addition to the foregoing, the presentation will provide applicants an opportunity to address those matters you believe present the best case for your business seeking one of a limited number of licenses.



#### **Section 4. Site Control Certification and Authorization:**

*If the property has more than one owner, each owner must sign a copy of this form:*

Street Address of Business Location: \_\_\_\_\_

Zoning District and Overlay District, if any: \_\_\_\_\_

Assessor's Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Ward \_\_\_\_\_

Property Owner's Legal Name; \_\_\_\_\_

Property Owner's Mailing adress (with zipcode): \_\_\_\_\_

Property Owner's Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietorship:** Name of Owner: \_\_\_\_\_

☐ **Partnership (inc., LLP):** Name of Partnership: \_\_\_\_\_

Names of All Partners Who Own More Than 10%: \_\_\_\_\_

\_\_\_\_\_

☐ **Trust:** Name of Trust: \_\_\_\_\_

Nmaes of All Trustees Who Own More Than 10% : \_\_\_\_\_

\_\_\_\_\_

☐ **Corporation:** Name of Corporation: \_\_\_\_\_

Name of President: \_\_\_\_\_

I certify that:

☐ I am the property owner or that I am duly authorized to act as agent for the property owner, For the property Located at \_\_\_\_\_.

☐ \_\_\_\_\_ (legal name of Applicant) Has been authorized by me to develop and use the property listed above for the purposes indicated in this application.

☐ I will permit any officials representing the Town to conduct site visits on the property in connection with this application and, if approved, this applicants business.

☐ Should the ownership of this property change before the Town has acted on this application, I will provide updated information and new copies of this signature page.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title (Owner, Present, Agent, Etc.): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Section 5. Zoning Compliance

*HCA Applicants are reminded that the Arlington Zoning Bylaw permits marijuana business only in those districts set forth in tables 5.5.3 and 5.6.3 subject to special permit requirements and review, and further by default do not permit marijuana establishments within 500 feet of k-12 schools, within 300 feet of Town playgrounds and recreational facilities, and/or within 200 feet of a public library.<sup>2</sup>*

HCA applicants must certify that the site described in Section 4, to the best of their knowledge complies with sections 5.5.3, 5.6.4, and 8.3 of the Arlington Zoning Bylaw with respect to siting restrictions.

I \_\_\_\_\_, owner or duly authorized agent of \_\_\_\_\_ (legal name of Applicant, hereby certify that:

☐ The proposed site of the Marijuana Establishment as described in this application is within an allowable Zoning District for my intended use.

☐ The proposed site of the Marijuana Establishment as described in this application is ***not within:***

- 500 feet of a k-12 public or private school;
- 300 feet of Town of Arlington playgrounds or recreational facilities; and/or
- 200 feet of a Town of Arlington public library.\*

*\*If a proposed site is within one of the buffer zones set forth in the Zoning Bylaw, applicants must provide a clear statement providing substantial evidence that an exception (which is purely within the the discrtrion Arlington Redevelopment Board) is feasible due to site-specific conditions .*

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title (Owner, Present, Agent, Etc.): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

---

<sup>2</sup> Marijuana Establishments are also not permitted within 2,000 feet of another like establishment. The Arlington Redevelopment Board *may, but is not required to* grant relief from buffer zone requirements as set forth in section 8.3.B.2 of the Zoning Bylaw.

## Section 6. Local & State Regulatory Compliance Information:

*Each individual (e.g. partner, trustee, manager) with a 10% or greater ownership stake in the business must complete a separate copy of this form.*

Owner's Name: \_\_\_\_\_ Ownership Stake (%) \_\_\_\_\_

1. Has the Owner ever obtained a marijuana related license in any jurisdiction? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

2. Has the Owner ever had any type of license denied, revoked or Suspended in any jurisdiction? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

3. Has the Owner ever received a Notice of Violation in any jurisdiction? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

4. Has the Owner been in compliance for the last 3 years (or since being in business in Massachusetts, whichever is less), and is the Applicant currently in compliance, with all laws and regulations of the Commonwealth of Massachusetts? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

5. Has the Owner been in compliance for the last 3 years (or since being in business in Arlington, whichever is less), and is the Applicant currently in compliance, with all laws and regulations of the Town of Arlington? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

6. Has the Owner been charged in any jurisdiction with any form of wage theft in the last three (3) years? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

## **Section 7.     Proposed Host Community Agreement Terms**

*Applicants are invited to provide their own draft HCA proposals with the following minimum requirements and restrictions:\**

1. A Community Impact Fee equal to 3.0% of the establishment's gross sales;
2. Annual filing of financial statements with the Town;
3. Provision of financial reporting records required by the CCC to the Town within a reasonable timeframe;
4. Maintenance of books and other financial records pertaining to the requirements of the HCA consistent with accounting standards and guidelines of the CCC;
5. Commitment to hiring local, qualified employees, and diverse employees to the extent consistent with the law;
6. Commitment to hiring local vendors, suppliers, and contractors from diverse businesses to the extent permitted by law;
7. Commitment to participation in youth health, safety, and prevention programs;
8. Cooperation with the Arlington Police Department to ensure effective security, including periodic meetings to review of security protocols and agreement on the placement of exterior security cameras and devices; and
9. If applicable, commitment to cooperate with the Town to prevent Hardship Cultivation Registration for medical marijuana patients.

*\*Select Board will not accept additional financial incentives or payments to private entities as a condition of HCAs.*

Please submit a proposed HCA with this application. The Town will negotiate the details of HCAs with successful applicants at the direction of the Select Board.

## **SECTION 8.      Deadline for Filing and Application Fee**

- Applications must be submitted to the Office of the Select Board located in Town Hall at 730 Massachusetts Avenue, Arlington MA, 02476, no later than ***12 p.m. Friday, May 3, 2019;***
- Applicants must provide a \$250.00 payment to the “Town of Arlington” at the time of submission.
- Applicant presentations shall be made ***Monday, May 20, 2019<sup>3</sup>*** before an open meeting of the Select Board.

---

<sup>3</sup> Time and date are subject to change depending in part on Arlington’s Annual Town Meeting and Select Board schedule.